

THE Canadian Hospital

A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

September, 1934



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THE BUYERS' DIRECTORY

A directory of reputable manufacturers and distributors of Equipment and Supplies for Hospitals. Your perusal of these announcements, together with other advertisements in this issue, will be appreciated.

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The best INKS made (heat-in or cold) for
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Apparatus.
Sales — Supplies — Service

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201 Church St., Toronto
JUNKET Powders make milk more
appealing to patients.
Write for sample.

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25 East 26th St., New York, N.Y.
Anatomical Models, Skeletons, Charts,
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Safes for Radium, X-Ray Negatives,
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Trenton, Ontario
Individual Sugar Sifters, Tea Pots,
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Annual Hospital Standardization Conference Presents Comprehensive Programme

October 15-18, 1934
Ballroom, Copley-Plaza Hotel, Boston

THE American College of Surgeons, seventeenth annual Hospital Standardization Conference will present through many leading specialists in medicine, surgery and hospitalization, its findings on standardization work pursued during the past year, as well as views on present and future hospital service.

Many of the names shown in the programme following are familiar to Canadian hospital workers as those of outstanding leaders in their fields, and who have made notable contributions to hospital science.

The meetings, which are open to all hospital executives, will prove intensely interesting and instructive to those who are fortunate enough to be able to attend.

MONDAY, OCTOBER 15, 1934

8.00-9.30—Registration of Hospital Delegates.

9.30-12.30—William D. Haggard, M.D., Nashville, Professor of Clinical Surgery, Vanderbilt University School of Medicine, and President, American College of Surgeons, presiding.

Chairman's Address—William D. Haggard, M.D., Nashville.

Presentation of Seventeenth Annual Hospital Standardization Report—Franklin H. Martin, M.D., Chicago; Director-General, American College of Surgeons.

Guiding Fundamental Principles for Prepayment of Hospital Services and Medical Services—Charles A. Dukes, M.D., Oakland; Chief Surgeon, Gynaecological Staff, Samuel Merritt Hospital, and Vice-President elect, American College of Surgeons.

The Development of Periodic Prepayment Plans for Hospital Care in England—Sydney Lamb, Liverpool; Executive Secretary, Merseyside Hospital Council.

The Hospital in Retrospect and Introspect—Rev. Alphonse M. Schwitalla, S.J., Ph.D., St. Louis; Dean, St. Louis School of Medicine, and President, Catholic Hospital Association.

Future Trends in Hospital Management and Service—Bert W. Caldwell, M.D., Chicago; Executive Secretary, American Hospital Association.

The Proper Interpretation of Hospital Service—Newton E. Davis, D.D., Columbus; Executive Secretary, Board of Hospitals, Home and Deaconess Work, Methodist Episcopal Church.

What the Hospital Can do for the Younger Surgeon—Witten B. Russ, M.D., San Antonio; Chief Surgeon, Medical and Surgical Hospital.

Principles Governing Relation of Radiologists to Hospitals—Arthur C. Christie, M.D., Washington, D.C.; American College of Radiology.

* * *

MONDAY AFTERNOON SESSION—2.00-5.00

Ballroom, Copley-Plaza Hotel

Standards for Obstetrical Service in Hospitals—George W. Kosmak, M.D., New York; Consulting Obstetri-

cian and Editor, American Journal of Obstetrics and Gynaecology, presiding.

A Study of Obstetric Complications in the Women's Hospital, New York, to Establish Proper Standardization for Statistical Purposes—George Gray Ward, M.D., New York; Professor of Obstetrics and Gynaecology, Cornell University Medical College, and Chief Surgeon, Woman's Hospital; assisted by Byron H. Goff, M.D., New York; Attending Surgeon, Woman's Hospital, and Albert H. Aldridge, M.D., New York; Junior Attending Surgeon, Woman's Hospital.

Regulations and Control of Obstetrical Practices in Institutions by Non-Staff Physicians—Samuel A. Cosgrove, M.D., Jersey City; Medical Director and Superintendent, Margaret Hague Maternity Hospital.

Minimum Standards of the American College of Surgeons for the Care of Obstetrical Patients in General Hospitals—Robert A. Johnston, M.D., Houston; Obstetrician, Hermann, Memorial, Jefferson Davis Hospitals and St. Joseph's Infirmary.

General Discussion—Led by James Raglan Miller, M.D., Hartford; Assistant Gynaecologist and Obstetrician, Hartford Hospital.

A Round Table Conference will be held as far as time permits.

* * *

TUESDAY MORNING SESSION—9.30-12.30

Ballroom, Copley-Plaza Hotel

Sterilization of Surgical Dressings, Instruments, and Supplies—G. Harvey Agnew, M.D., Toronto; Secretary, Hospital Department, Canadian Medical Association, presiding.

Observations on Sterilization of Dressings with Specific Reference to Sterilizing Chamber Temperatures and their Relation to Sterilizer Chart Temperature and Cultures—Samuel R. D. Hewitt, M.D., Saint John, New Brunswick; Superintendent, Saint John General Hospital.

A Scientific Analysis of Steam in Sterilizing, Showing How Precision Methods May be Substituted for the Indefinite Methods now in Vogue—Weeden B. Underwood, Erie; Research Engineer, American Sterilizer Company.

The Fundamental Principles Underlying the Mechanics and Technique of Sterilization—Hurley T. Wyatt, M.S., Madison; Research Department, Scanlan-Morris Company and Scanlan Laboratories, Inc.

Checking and Controlling Postoperative Infections—Harold L. Foss, M.D., Danville, Pennsylvania; Surgeon-in-Chief, George F. Geizinger Memorial Hospital.

General Discussion—Opened by Claude W. Munger, M.D. Valhalla; Superintendent, Grasslands Hospital.

(Continued on page 25)

Great Britain Concerned About Future of Voluntary Hospitals

THE people of Great Britain are still very much concerned over the future of the voluntary hospitals, which for so many centuries have so well served the people. These include in London, for instance, the well-known monastic institutions of St. Bartholomew and St. Thomas, teaching institutions such as University College and King's College, and charitable hospitals such as Guy's, London, Middlesex and others.

For many years the municipal hospitals were largely for fevers, mental cases, the destitute, and in some instances for general purposes, but with the Local Government Act of 1929 the status of these so-called "Poor Law" hospitals changed and the various municipalities have reorganized these institutions until they are now highly equipped, well staffed institutions comparable to our civic or municipal hospitals and doing equivalent work to that undertaken by the voluntary hospitals. These are tax-supported and according to the most recent figures for England and Wales, they now have some 860 municipal hospitals with 143,000 beds provided by local authorities and about 1,000 voluntary hospitals with 72,000 beds.

Naturally, there is grave apprehension on the part of many people as to the future of the voluntary hospital. The two types of hospital are in a large measure doing the same work and it is only natural to anticipate that a percentage of gifts and contributions will drop off in view of the support given to the municipal hospitals through taxation. It has been felt that this would sound the death knell of the voluntary hospital. The medical staffs of many of the municipal hospitals receive some compensation for their work, an added point of discontent on the part of the staffs of voluntary hospitals, the work of which has been augmented to a large extent by services to Panel patients. Some have even gone so far as to suggest that the voluntary hospitals cease to exist as such and come under the municipal arrangement.

As a matter of fact, contributions to voluntary hospitals up to the present do not seem to have suffered by the change. Time will tell, however, whether this is not partly a reaction to the frequent public reference to the plight of the voluntary hospitals. Moreover, the increased expansion of the voluntary contributory schemes now so widely utilized by those workers above the Panel class has considerably augmented the income of voluntary hospitals from patients. Also a number of them have developed private wings to augment incomes, thus accepting the arrangement which has been almost universal in this country.



There are now in Great Britain 860 Municipal Hospitals with 143,000 beds, while about 1000 Voluntary Hospitals provide 72,000 beds. Recently grants have been made to the Voluntary Hospitals for special services, and as yet contributions to the Voluntary Hospitals have not decreased.



At a recent Joint Conference of the British Hospitals Association and the Incorporated Association of Hospital Officers, Sir George Newman, chief medical officer to the Ministry of Health, gave an interesting paper on the problem facing these two types of institutions. His solution was the development of the greatest possible co-operation between the two types of hospital. He favoured a system of unity rather than uniformity, being of the opinion that such co-operative system would be more economical in the long run than a rate-aided State system without a voluntary element. He was quite definite that the voluntary hospitals alone could not meet the ever widening medical

needs of the population; it was the need for greater development that had compelled the state to take this action. He did not fear that Local Authorities intended to compete unduly with the voluntary hospitals, but sought rather to supplement the work of the voluntary hospitals and fill gaps in their services.

Apparently a great deal of co-operative work is under way, for instance, in the London area. The London County Council pays a quarter of a million pounds annually to voluntary hospitals, and there has been much interchange of function, of consulting service and of the use of apparatus. Special grants have been made to hundreds of voluntary hospitals throughout the country for the treatment of venereal disease, tuberculosis, orthopedic and maternity patients, and so forth. It was pointed out by more than one speaker at the meeting that the voluntary hospitals must play their part in developing this co-operative system, otherwise they will be swallowed up by the rapidly increasing municipal accommodation.

We in Canada have not had this difficulty, for in many of our communities municipally operated hospitals and those operated by non-profit private boards (by far in the majority), carry on side by side, both being designated as "public" hospitals and both receiving government and municipal grants for the care of patients.

Out-Patient Department at Winnipeg General May Reopen

The out-patient department of the Winnipeg General Hospital, closed down more than a year ago through lack of funds, may be reopened again to provide medical service for the unemployed of Winnipeg. The operation of the clinic, it is thought, would result in a considerable reduction in the city's monthly medical bills for treatment of those on relief.

The question of reopening the department was discussed at a conference between Ald. Andrews and representatives of the Winnipeg medical society.

Ontario Hospital Association Completing Plans for Impressive Meeting

Royal York Hotel, Toronto, October 24-26

THE Eleventh Annual Convention of the Ontario Hospital Association promises to be an exceptional meeting in every respect. In addition to the fine programme of outstanding speakers which is now almost completed, and of which we give a few of the high lights below, the exhibits this year will exceed in interest and numbers anything that has been done in former years. A much larger number of firms have booked space and the accommodation, even at this date, is practically sold out, which is in itself an indication of the splendid progress the Association has made during the past few years.

We plan to publish the complete programme in our next issue, but in the meantime are mentioning a few items of particular importance and interest.

Wednesday morning proceedings will be under the chairmanship of General C. M. Nelles, President of the Association for 1933-34. Mayor Stewart has again been invited to present an address of welcome on behalf of the city, and as in the past a grant has again been made to the Association towards their entertaining expenses.

The report on the year's work will be presented by Dr. F. W. Routley, Secretary-Treasurer of the Association. This will be followed by an address by Dr. B. T. McGhie, Deputy Minister of Hospitals, who will discuss many matters of interest to hospital executives.

The General Luncheon will be held in the Ball Room of the Royal York and will be addressed by the Hon. Dr. J. A. Faulkner, Minister of Health.

The afternoon session will be under the chairmanship of Mrs. O. W. Rhynas, chairman of the Hospital Aids Section of the Association. While this session will be under the auspices of the section of the association referred to, the subjects under discussion and the addresses will be of interest to all members of the Association. The meetings are open to all, as the general sessions always have been. The following speakers will be included in this session:—Dr. Malcolm MacEachern on "Maternal Care in Hospitals." Miss K. Burns, Chief Dietitian, Hospital for Sick Children, Toronto, "Dietetic Problems in Small Hospitals." Miss Priscilla Campbell, Superintendent, General Hospital, Chatham, "A Hospital Superintendent's View-point of Hospital Aid Activities." Round Table Discussion on problems concerning Hospital Aid matters.

The proceedings on this day will close with a visit to the Toronto Hospital for Consumptives, Weston, by kind invitation of the Board of Governors, and Dr. W. Dobbie, Superintendent. Tea will be served, after which groups of visitors will be conducted through the institution.

Thursday morning's programme will include Sister Campion, Record Librarian, Hotel Dieu Hospital, King-

ston, who will speak on "The Record Department in its Relation to the Various Departments of the Hospital." Dr. A. J. McGanity, President, Ontario Medical Association, and Mr. Hugh Wolfenden, whose subject will deal with Social Insurance problems.

Thursday afternoon session will be under the chairmanship of Miss H. Meiklejohn, chairman of the Nurses' section, and the address will feature nursing subjects. As in the case of Wednesday afternoon's programme, the session is intended for all members of the Association. Addresses will be given by Miss H. Meiklejohn; Miss M. McKee, Superintendent, General Hospital, Brantford, and Dr. Malcolm MacEachern, Director of Hospital Activities, American College of Surgeons, Chicago.

The session will close with a Round Table Discussion featuring questions pertaining to nursing matters in hospitals.

On Thursday evening the Annual Banquet and Dance will be held in the Ball Room of the Royal York Hotel. Outstanding speakers have been invited to this gathering, and it is expected a larger number than usual will attend both functions. Bridge will be arranged for those not wishing to dance. Tickets for the banquet will be on sale at the registration desk and tables may be reserved in advance.

Friday morning will open with the reports from the various sections and committees. This will be followed by the election of officers for 1934-35. In addition addresses will be heard from Dr. G. Harvey Agnew, Secretary of the Department of Hospital Service, C.M.A.; and Dr. J. H. Holbrook, Superintendent, Mountain Sanatorium, Hamilton, on "Tuberculosis among Nurses in Training."

The afternoon session will be under the chairmanship of Mr. G. Sutherland, chairman of the Trustees Section, and will feature subjects of particular interest to trustees, but will also be conducted as a general session, and all members of the Association are urged to attend. Mr. T. J. Maher, Perth, will speak on "Problems of Financing the Voluntary Hospital," and other speakers are being invited to take part. A Round Table Discussion will follow on trustee problems, and this will bring the proceedings to a close.

We would again urge that all hospital workers endeavour to attend this meeting, and take an active part in the discussions. It provides a wonderful opportunity for those engaged in the work of caring for the sick and injured to share their experiences, and discuss their common problems in a way that can help them individually, and bring lasting good to the institutions in which they serve.

Make this YOUR Hospital Convention—Attend as Many Sessions as Possible—Take Part in the Discussions.

What One Dietitian Is Doing To Create "Satisfied Patients"

By MISS E. M. PATTERSON

Dietitian, Public General Hospital, Chatham, Ont.

THE hospitals have endeavoured by efficiency of general management to control the selecting, purchasing, preparation and serving of foods with one conception in mind—economy. We have tried to practice these factors, as mentioned, aiming to retain a reputable food standard, a conservation of food, and last but not least, a satisfied patient, as this individual leaves our portals with thoughts kindly or otherwise to propagate among friends.

A few suggestions for service may be offered from the standpoint of the smaller hospital. A general daily round is made of all wards, public and private, for inspection of diet kitchens and a personal call to private ward patients, to ascertain their likes and dislikes, and to receive their criticisms of our food service. We find this gives us an opportunity to observe the patient and assists greatly in the planning of their particular tray, apart from the report on the chart. Reference is made as to variety from the daily menu, and in many cases the patient is educated as to the value of the special diet as prescribed by the physician. Patients are given individual attention in the preparation and serving of their trays, with a close supervision in the diet kitchen.

The use of a small tray service for a patient who has little desire for food is often conducive in restoring the normal appetite.

Inspection of returned trays is a direct way to observe the serving required, foods not desired, and is a guard against waste.

To add an individual touch to the tray service, we have in use the following set of cards, embossed with the hospital crest:

A Greeting Card, which is placed on the patient's first tray. We find this greeting produces a feeling of confidence and contentment. Favourable comments are made and many notes of appreciation received.

The Greeting Card reads:

GREETINGS

Glad to see that you are better—
And can have a tray;
If this does not meet your fancy,
Tell us—won't you, pray?
For we are here to greet and please you
Each and every day.

Congratulations, for the Mother and the new Baby, not forgetting Father, creates an individual interest.

Here is the text of the Congratulations Card:

CONGRATULATIONS

Only beginning the journey—
Many a mile to go;
Little feet will soon patter
Wandering to and fro—
And so this greeting for the Baby new,
Sent with our heartiest wishes to you.

A Farewell Message is placed on a patient's last tray before discharge, conveys a greeting, and invites a criticism or comment, favourable or otherwise, of our hospital.

The Farewell message says:

SOMETHING FOR YOU—THANKS

Glad that you got better quick
For miserable it is—to be sick.
So "Good-bye" to you we say,
"A pleasant journey home to-day."
We also hope that you are pleased
With the care you have received;
And faults, if any you would mention
We are asking your attention—
So our patients pleased will be
In this, your community.
It is yours—your hospital
Run by only human beings.
With varied natures, ways and feelings.
So we hope if care you need
You'll return to us with speed.

In our experience the above mentioned methods have produced a closer relationship between the dietitian and the patient, and many valuable friendships have been formed for the hospital.

Reprinted from June, 1934, issue of Hospital Management.

British Industries House Medical Section Opened by Lord Derby

Another important stage in the development of British Industries House, London, England, which is to provide a permanent and comprehensive marketing centre for the Empire, and which was opened on July 2, was reached on July 19, when Lord Derby opened the Medical Section and Model Hospital suite.

The hospital unit, which is claimed to be the most up-to-date in the world, has two completely equipped operating theatres for major and minor operations, a clinical laboratory and rooms for surgeons, anaesthetists and sisters. There is also a sun balcony for convalescent patients.

Apart from the hospital there are two other medical sections. In one is displayed a full range of British-made instruments and apparatus to meet every need of the medical and surgical side of hospital work. The other section is a manufacturers' pattern and sample department for commodities needed on the lay side of hospital maintenance.

The object of the twelve bed ward and the two medical sections is to provide the overseas purchaser with one central organization in which he can find all the goods in which he may be interested and thus be saved the time and expense of travelling to different parts of the country.

The Reception Committee at the opening of the Medical

Section was Lord Dawson of Penn, President of the Royal College of Physicians; Lord Horder, Physician in Ordinary to the Prince of Wales; Lord Moynihan, Chairman of the Army Medical Board; Sir Humphrey Rolleston, Bart., Physician Extraordinary to the King; and, Sir Holbert J. Waring, President of the Royal College of Surgeons.

In administering the Medical Section, British Industries House has the advantage of the services of the following Advisory Council: Mr. Alfred Cox, O.B.E., M.A., M.B., LL.D. (Chairman); Mr. A. R. Melhuish, M.P.S.; Sir Crisp English, K.C.M.G., F.R.C.S.; Mr. E. P. Poulton, M.D., F.R.C.P.

A qualified medical practitioner and technical experts are attached to the section in order to assist intending buyers.

Apart from the individual exhibitors representing numerous industries who have already installed their showrooms in British Industries House, plans are nearing completion for geographical and industrial group exhibits. Prominent among these is Sheffield stainless steel, for which a large area has been reserved. Various townships are also negotiating for space in which to display their products.

One of the most interesting features of British Industries House is the luxuriously appointed Buyers and Merchants Club, which enables business to be transacted in pleasing surroundings.

British Industries House is one of the largest and most completely equipped of London's modern buildings. It occupies a prominent central position adjoining Marble Arch, and is under the control of five insurance companies.

Montreal Jewish Hospital to Open on October 8th

Culminating five years of intensive construction activity, the new 200-bed Jewish General Hospital at the corner of Cote des Neiges and Cote St. Catherine Roads will be formally opened with elaborate ceremony on Thanksgiving Day, October 8.

The equipment of the new hospital, together with the buildings and grounds, are said to be the last word in efficiency and construction. The edifice, surrounded by beautifully landscaped lawns, is generally considered to be ideally located, and is regarded as a definite asset to the architectural and scenic beauty of the locality.

Final touches remain to be added to the furnishings and grounds of the hospital, but the greater part of the work is now complete, and the hospital will be able to take up its activities immediately upon the completion of the opening and dedication ceremonies.

The superintendent of the hospital is Samuel S. Cohen, who was connected with the Beth Israel Hospital in New York for 16 years. Mr. Cohen is at present occupied in correlating and consolidating the various departments necessary for a proper and orderly conduct of the hospital when it is opened for service.

The hospital will be absolutely non-sectarian in its service, being open to all who need its ministrations—irrespective of race, or creed.

The Canadian Hospital plans to describe this new hospital in detail in an early issue.



The Hygienic Mattress

Curled Hair is the only Mattress Filler known to science that repels moistures and odours, and is inimical to germs. Considering these features it would seem almost as if Nature had designed Curled Hair for Hospital use.

How important when the hospital mattress is serving twenty-four hours a day, practically 90% of the time!

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has no substitute as a mattress filler



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The Function of Steam Traps on Hospital Equipment

By S. T. MARTIN

Assistant Superintendent, Regina General Hospital

IN a recent article in the Canadian Hospital ("The Correct Maintenance of Steam Heated Equipment is Important"), the importance of the correct installation of both return lines and traps was stressed. Some inquiries have arisen as to what is the function of the traps. Since most pieces of hospital equipment that are fitted with traps, such as sterilizers, steam tables, laundry equipment, etc., are not operated by skilled or trained mechanics, but the regular hospital personnel, who usually only know that the sterilizer functions by turning on or off this or that valve, it will not be amiss to explain just what the function of steam traps are.

To explain the functioning of traps, it is necessary to outline the principals under which heat is transferred from steam, since this is the only purpose in using steam in any of the above mentioned equipment "to get the heat out of it." A B.T.U., or British Thermal Unit, simply means a heat unit, and it is arbitrarily determined as the amount of heat necessary to change the temperature of one pound of water one degree. This means that if you have one pound of water at 70 degrees F. it would require 12 B.T.U.'s to heat the water up to boiling point, or 212 degrees F. To convert the one pound of water at 212 degrees F. into steam at 212 degrees, you have to add 970.4 B.T.U.'s, or a total of 1,182 B.T.U.'s.

So with this explanation it will be obvious why we condense steam to get the heat out of it, since, if we condense one pound of steam at 212 degrees F. into water at 212 degrees F., 970.4 B.T.U.'s will be taken out, a tremendous amount of heat.

Beyond 212 degrees F. the ratio changes again, but it is a comparatively small factor.

Now assume that you have a heating coil filled with pressure steam and the coil surrounded by water as in a steam table, or an instrument sterilizer, the cooling effect of the water lowers the temperature of the steam on the side of the coil, and causes some of it to condense, so that you take heat from it at 970.4 B.T.U.'s per pound of steam used.

It is a fact that if we do not retard the flow of steam through the coil, that is we let it explode from an open end, such as into the return line after it has passed through the sterilizer, we will get scarcely any heat out of the steam. It will simply flow through without being confined and the efficiency of the heating system will be very low indeed, because a tremendous amount of steam will be wasted in getting the desired amount of heat required. In other words, the steam must be harnessed to do its work, and the harnessing process is where the trap comes in. Obviously after steam is condensed you get very little heat out of it. That is to say, the transfer of heat from water at 212 degrees F. is exceedingly low.

The purpose of the efficient steam heating unit is therefore to confine the steam under pressure (by means of suitable traps) and to drain the condensation out of the

lines just as fast as it occurs (by means of the trap), because if the coil is partly filled with condensation the heating efficiency is greatly reduced. That means, then, that the return end of your steam coil must be controlled by a suitable valve, or trap, so that the condensation can escape just as fast as it forms.

In our previous article we pointed out that for efficient operation it was necessary to individually trap all pieces of equipment. There are several types of traps suitable for hospital equipment. Most traps used are known as thermostatic traps. These contain a bellows filled with a critical fluid which expands under temperature, and which tend to close under pressure. Some types of this style of trap are called Compensated, in that they are compensated for both temperature and pressure. When the piece of equipment is first started up with one of these traps, from cold, the first discharge is air, which will be followed by condensation comparatively cold. The trap remains open until this air and cool condensation has been discharged. Then as the condensate becomes hotter, the actuating mechanism (the bellows) closes partly until actual steam reaches it, then it closes practically altogether, and opens thereafter only as a little condensate accumulates. This cools the trap, allowing it only to open a little to let out the cool condensate. This process continues indefinitely, maintaining in the coil, steam under pressure, and draining the coil of air and condensate as rapidly as they accumulate as long as the piece of equipment is in operation.

From the above information it is apparent that the trap on any piece of equipment is an important and vital part of it, so much so that in the great number of cases, trouble such as slow heating in a piece of trapped equipment, the trap would be the first place to examine. Frequently scale or sediment will lodge in the body of the trap, and either not allow the bellows to work at all or hold it open so that the steam will pass right through, in which case a back pressure will be built up in the return line, which will seriously interfere with all pieces of equipment on the same line. It is for this reason that the returns from hospital sterilizers and similar equipment should discharge into a piping system free from pressure, as a pressure on the return side would cause the trap element to close just the same as if it reached the element from the supply side.

The return system itself, under such conditions, properly designed, is carried down to a lower level into a vented receiver. The vapor in the return line escapes to the atmosphere. The hot water remains in the receiver and is conducted thence to the boilers.

Traps are also used on all steam and return lines at the low points to keep them drained of condensate and air, and while they are of various sizes and designs, they function similarly to those described above, in that their purpose is to retain the steam in the lines and drain out the condensate and air.



MR. C. J. TELFER,
recently appointed Inspector of Hospitals
in Ontario.

Vancouver General Hospital Wins Damage Case

A despatch from London, England, states that their lordships of the judicial committee of the Privy Council have allowed the appeal of the Vancouver General Hospital from a decision of the Supreme Court of British Columbia which had ruled the hospital must pay \$5,545 to nine-year-old Annabelle McDaniel and her father, Matthew McDaniel. This sum was to have compensated the child for smallpox contracted, it was alleged, while she was a diphtheria patient in the hospital.

The McDaniel claim was based on alleged negligence on the part of the hospital authorities.

The judgment of the Empire's supreme tribunal said:

"Having regard to the favourable opinion expressed by all the medical appellants' witnesses regarding the technique followed in the hospital, and to the accepted practice in regard to that technique, their lordships are constrained to hold the charge of negligence is not established.

"That is all the length their lordships are prepared to go, and that is all the length that is necessary."

WHITBY, ONT.—The seventh annual sports day at the Ontario Hospital, held on August 8th, passed off very successfully. There were 26 sports events, and in all, there was keen competition. Dr. G. H. Stevenson, superintendent, and members of his staff, took charge of the various races, while in the tent Chef Harden and his assistants had a busy afternoon passing out the annual treats.

A GOOD ETHER—SQUIBB

A GOOD TECHNIQUE—Suggested by Squibb

A GOOD ANESTHESIA

For over 75 years E. R. Squibb & Sons have manufactured, for the medical profession and hospitals, a superior anesthetic Ether. In a series of advertisements suggesting technique, an endeavor is being made to augment the value of a superior Ether. The following is the ninth of the series.

Watch both eyes. Use them as a guide to the stage of anesthesia. During induction the pupils may be contracted, dilated, semi-dilated or even irregular, but characteristically the eyeball oscillates from side to side or becomes fixed eccentrically. When surgical anesthesia has been accomplished, the oscillation ceases and the

pupil contracts to a pinpoint. If the anesthetic is then "pushed," *i.e.*, more ether is administered, the patient's condition rapidly approaches the border-line depth of possible danger and the pupil dilates, the eyeball remaining fixed.

Watch both eyes. One of them might have been injured, and have a fixed pupil or might even be a glass eye.

Squibb Ether is the only Ether packaged in a copper-lined container to prevent the formation of aldehydes and peroxides, thus lessening postoperative toxicity. Squibb Ether gives better results.

For further information about Squibb Ether send your request and professional card and we will gladly mail you any or all of these booklets: "Open Ether Anesthesia"; "Spinal Anesthesia"; "Ether-Oil Squibb." Address E. R. Squibb & Sons of Canada Ltd., 36 Caledonia Road, Toronto.

E. R. SQUIBB & SONS OF CANADA, Ltd.

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

Please refer to THE CANADIAN HOSPITAL when writing

B.C. Government Planning Health Insurance Scheme

British Columbia officials are now drafting a system of health insurance that will probably be made effective next year.

Unless the plan has finally to be cancelled the majority of workers in B. C. will be paying their health insurance dues next year in much the same manner as they now pay for their workmen's compensation.

The system now in favour there is the British plan, under which the Government, employers and employees all contribute a share. Determination of the ratio of the contributions and the amounts is now engaging the attention of Mr. S. H. Pipe, Toronto actuary, and his assistants, who are assisting the Government in preparing its programme.

Another point to be settled is the extent of insurance to be offered beneficiaries. Whether the system shall provide only medical attention, or hospitalization, maternity benefits and dental treatment as well, constitute other points at issue.

Regardless of the plan accepted, the cost of so-called social legislation, which already accounts for a large proportion of the Government's operating charges, will be substantially increased.

Superintendents of Ontario Hospitals are Promoted

Announcement comes from Hon. Dr. J. A. Faulkner, Minister of Health, of a series of appointments to various Ontario hospitals, all of which are in the nature of promotion. They have been made, it is stated, "after a study of the qualifications of the medical staff and the requirements of the various hospitals."

Evidently the vacancy which started the shift was that due to the recent death of Dr. F. S. Vrooman, superintendent at London. Dr. George Stevenson has been transferred from Whitby to fill this position. Dr. C. A. McClenahan, who has been acting, gets his superintendency upon transfer to Penetanguishene, one of the smaller institutions. Dr. B. O. Lynch, in charge at Penetang, goes to Woodstock, and Dr. C. S. Tennant, superintendent at Woodstock, goes to Brockville. This policy of promotion on merit, within the service, cannot be too highly commended. Application of political patronage methods to such posts would be regrettable as a matter of principle and capable of serious consequences.

Simple, Enduring Method of Marking Rubber Goods

From the General Hospital of Port Arthur, Ontario, Mary J. Fraser, Superintendent, sends this practical suggestion:

"Our method of marking rubber goods is as follows: We first see that the rubber is clean and dry. Then we dip a sharpened wooden applicator or sharp pointed orange stick into a from 20 to 30 per cent silver nitrate solution.

Pressing the applicator firmly, we print or write the initials of the hospital, the month and year, and the name of the department to which the goods is assigned; thus:

P. A. G. H.—2/34—CENTRAL SUPPLY

We do not bother to print the date of the month, merely the month and year.

"The next step is to expose the rubber to sunlight for an hour or two. If this is impossible, it is held under a quartz lamp or a strong electric light until the colour comes up. We are careful not to burn the rubber.

"Our hospital was opened February, 1930, and at that time all rubber goods were marked in this manner. The marking is still very plain."

One can also use a silver nitrate stick or pencil, slightly moistened, for printing on rubber, but the General Hospital of Port Arthur gets better results with the wooden applicator and solution. The solution can be as low as 10 per cent, Miss Fraser explains.—*The Modern Hospital*.

Montreal Neurological Institute to Open in September

The Montreal Neurological Institute, which will be officially opened on September 27th, is regarded as one of the most outstanding construction projects ever undertaken in Montreal, and its erection has been noteworthy from several standpoints. It has been built for the benefit of the human race, as its purpose is research and discovery in those fields of medical science known as neurology and neurosurgery.

The plan and design of the building itself is the result of prolonged investigation and study, including visits to modern United States medical centres, by Ross and MacDonald, architects; McDougall and Friedman, and Wilson and Kearns, consulting engineers, carried out under the direction and guidance of Dr. Wilder C. Penfield. Eight engineering graduates of McGill University had a part in its building and funds were supplied by the Rockefeller Foundation and several prominent Montrealers, while the City of Montreal and Province of Quebec will contribute towards the operation expenses.

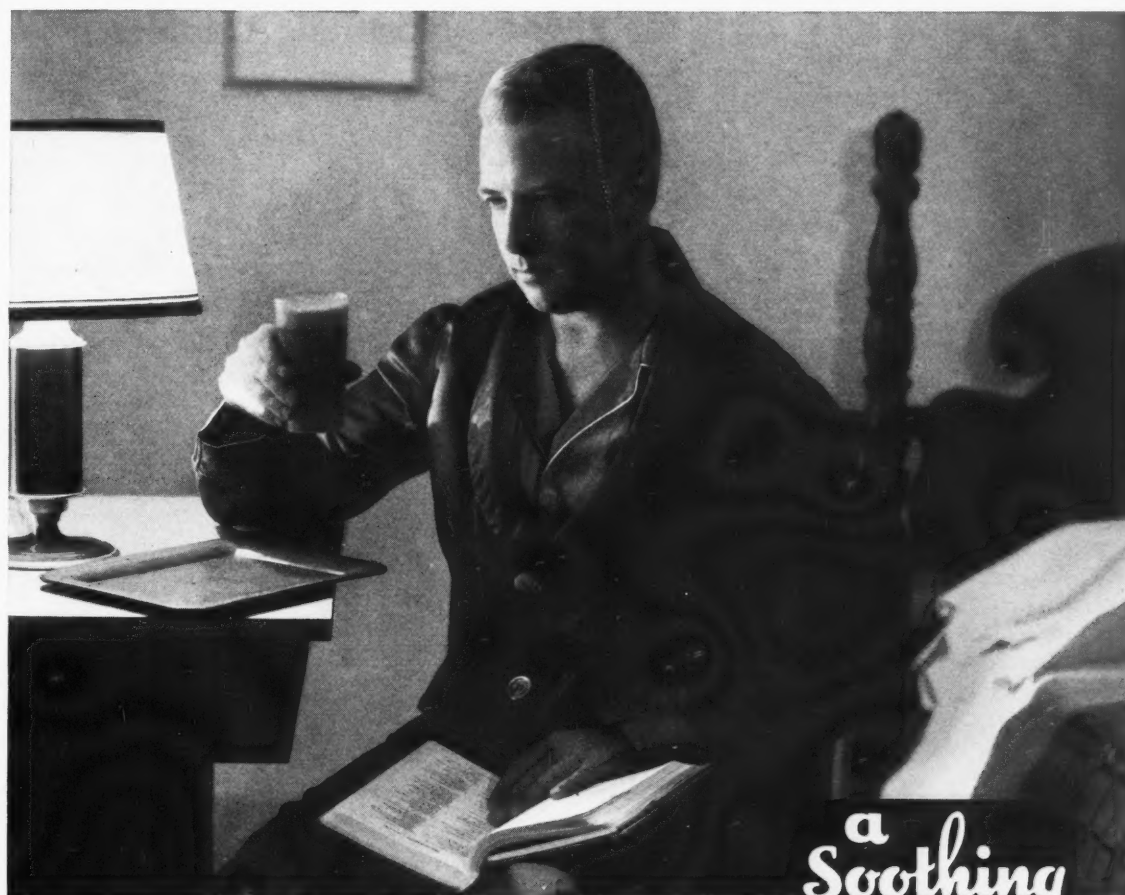
This magnificent new project will be described and illustrated in an early issue of *The Canadian Hospital*.

New Electric Fan Meets Hospital Needs

An attractive new electric fan has been introduced by Utah-Carter Radio Limited, Toronto, which satisfactorily meets the many unusual demands of the hospital.

The manufacturers state that it is practically noiseless, which makes it ideal for the sick room. Its patented propeller, the blades of which are fashioned after the shape of a bird's wing, delivers maximum air change. A feature of the inductor motor is the elimination of radio interference.

This new Utah-Carter product, which is produced 100% in Canada, has met with a very favourable reception by Canadians.



For the "Insomnia-Minded"

The nervous, "insomnia-minded" patient can often be lulled into sound, healthful, restful slumber without resort to habit-forming or hypnotic drugs.

The same palatable food concentrate — Ovaltine — which is so widely approved by physicians for invalids, convalescents, for growing children, nursing and expectant mothers, also offers an invaluable, soothing night-cap.

A warm drink of delicious Ovaltine is easily digested, and taken just before retiring it helps to induce sleep in a perfectly natural, healthful way.

Ovaltine adds important food elements to plain milk, and by reducing the milk curd to finely comminuted particles it enhances considerably its digestibility.

Fill in the Coupon for Professional Sample.

Why not let us send you a trial supply of Ovaltine? If you are a physician, dentist or nurse, you are entitled to a regular package. Send coupon together with your card, letterhead or other indication of your professional standing.

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**a
Soothing
Night Cap**

This offer is limited only to
practicing physicians, dentists
and nurses.

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Peterborough, Ont. Dept. H.C.9

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size package of Ovaltine, with-
out charge, and full literature.

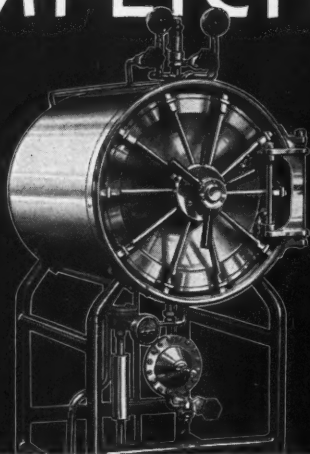
Dr.

Address

City..... Prov.....

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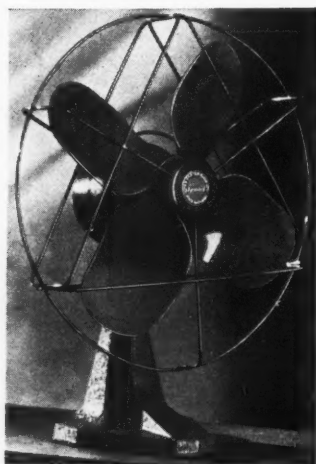


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Hospital Aid News

"Nothing begins, and nothing ends, that is not paid with moan; For we are born in other's pain, and perish in our own."—*Francis Thompson.*

Fifteen Hundred Dollars Obtained at Three-day Garden Fete

SMITH'S FALLS, ONT.—The Hospital Aid held a Three-Day Garden Fete a short time ago, which proved extremely pleasurable as well as remunerative. The affair was formally opened by T. A. Thompson, M.P.

Twelve booths were convened by energetic workers who persuaded many to buy their wares. The Nurses' Association gave splendid co-operation, they, too, having a well stocked booth of fancy goods. The uniformed "Store Keepers" added much dignity and charm to the occasion.

The Men's Hospital Board gave valuable assistance in looking after the erection of the Supper Tent, which was one of the well patronized attractions during the Fete.

Five hundred meals in all, were served during the three days.

Miss Bliss, the capable superintendent of the Hospital, the Management Committee, Town Council, Chamber of Commerce, Mayor and Hospital Board, headed by the Town Band, formed a procession inaugurating the opening of the event. Much credit is due Mrs. L. H. Cook, the president and her splendid officers and members for this outstanding venture.

* * *

The Smith's Falls General Hospital Board suffered the loss recently, by death, of Mr. H. H. Layng, who was the vice-president of that body. The loss of this estimable gentleman will be felt by the entire community.

* * *

CHATHAM, ONT.—The following is a brief history of the progress of the Chatham General Hospital since 1921, as given by W. R. Landon, chairman of the Board:

In the spring of 1921 the situation was as follows:

The old portion of the Hospital had about the same outside appearance as to-day. The Board at that time had saved about \$7,500, and the Ladies Assisting Society, \$7,500. The ladies were insistent on a new memorial wing. The idea was soon a fact. While plans were being prepared the ladies put on a big "Made in Canada" exhibition in the armouries for one week in June. The treasurer was astonished when on Saturday night it was found the net receipts were \$7,500.

The County Council met the same week and gave the first grant of \$15,000. The City Council followed with \$10,960, and in addition in the meantime, a committee had pledged for \$23,000 from private citizens, so a total of \$70,960 was available almost before work was started.

When tenders were received we only figured on a one-storey wing. The cost was to be \$68,800, so we felt we

(Continued on page 17)

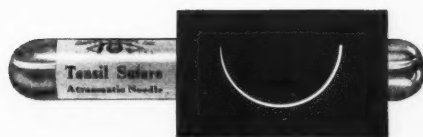
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In no field of science have there been greater advances than in surgery, yet in none have the announcement and adoption of new discoveries been more carefully supervised to avoid extravagant claims. The wisdom of this policy has been repeatedly demonstrated. After twenty-five years of specialized contact with the profession, it is our belief that the confidence placed in DAVIS & GECK products is due to the adherence to a similar policy in our business. This policy is to provide facilities for research in

allied sciences with two definite purposes: not only to bring to sutures every possible improvement, but to subject all developments in the experimental laboratories to exhaustive clinical trial before embodying them into new or existing products. The DAVIS & GECK policy is strictly adhered to even though the time required for laboratory and clinical tests may run into years, and though the new development may cease to be "news" by the time it has been fully tried and proved.

1909-A Quarter Century of Suture Specialization-1934

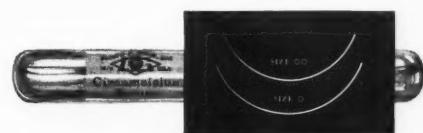


Tonsil Sutures

KALMERID plain catgut with sturdy half-circle, taper point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
1605..BOILABLE VARIETY.....	O
1615..NON-BOILABLE VARIETY.....	O

Package of 12 tubes.....\$4.20



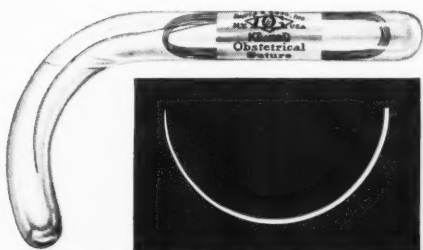
Circumcision Sutures

KALMERID plain catgut, three-eighths circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
605..BOILABLE VARIETY.....	OO, O
635..NON-BOILABLE VARIETY.....	OO, O

Package of 4 tubes \$1.20; per doz. \$3.60

Also obtainable with eyed-type needles at same price



Obstetrical Sutures

KALMERID 40-day catgut with half-circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
655..BOILABLE VARIETY.....	2, 3
685..NON-BOILABLE VARIETY.....	2, 3

Package of 3 tubes \$1.20; per doz. \$4.20

Also obtainable with eyed-type needles at same price

Plastic Sutures

NO.	MATERIAL	SIZE	NEEDLE
1651..KAL-DERMIC.....	6-O...	3/8-CIRCLE,	B-1
1655..KAL-DERMIC.....	4-O...	1/2-CURVED,	B-2
1658..BLACK SILK.....	4-O...	1/2-CURVED,	B-2

Eye Sutures

1661..BLACK SILK.....	6-O...	1/2-CIRCLE,	B-3
1665..BLACK SILK.....	4-O...	3/8-CIRCLE,	B-1
1666..PLAIN CATGUT.....	3-O...	3/8-CIRCLE*,	B-4
1667..PLAIN CATGUT.....	3-O...	3/8-CIRCLE,	B-4
1668..10-DAY CATGUT..	3-O...	3/8-CIRCLE*,	B-5
1669..10-DAY CATGUT..	3-O...	3/8-CIRCLE,	B-5

* Double armed, suture length 12 inches

Nerve and Artery Sutures

1670..BLACK SILK.....	6-O...	STRAIGHT,	B-7
1675..BLACK SILK.....	6-O...	STRAIGHT,	B-8
1678..BLACK SILK.....	6-O...	1/2-CIRCLE*,	B-3

* Taper point

Ureteral and Renal Sutures

1690..20-DAY CATGUT..	4-O...	1/2-CIRCLE,	B-3
1695..PLAIN CATGUT.....	4-O...	1/2-CIRCLE,	B-6
1698..20-DAY CATGUT..	4-O...	1/2-CIRCLE,	B-6

Package of 12 tubes of a kind....\$4.20

Suture length 18 inches. Boilable.

Other D&G Products

INFORMATION and prices sent upon request covering Kalmerid catgut, Kaldermic skin and tension sutures, unabsorbable sutures, ribbon gut, kangaroo tendons, minor sutures, emergency sutures, umbilical tape, and Kalmerid germicidal tablets.

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The Ideal Suture for Skin and Tension Work



D & G Kal-dermic—in sealed glass tubes—offers distinct advantages over “envelope” sutures . . . at no premium in price

D & G Kal-dermic embodies the desirable features of all the materials traditionally associated with derma-closure and has none of their disadvantages. It is non-capillary, exceptionally strong, resistant to tissue fluids, non-irritative, uniform in diameter, distinctive in color, and extremely flexible.

D & G Kal-dermic sutures are heat sterilized after the tubes are sealed, and are unaffected by age, climate, light, or repeated boiling of the tubes. Available in sizes 8-0 (00000000) to 3, in several lengths, and in various needle combinations. Complete information will be sent upon request.

DAVIS & GECK, INC., 217 DUFFIELD STREET, BROOKLYN, NEW YORK

Hospital Aid News

(Continued from page 12)

were out of financial trouble. One beautiful afternoon the trustees met on the grounds to see how the work was progressing and to the credit of one member, he said "Gentlemen, this addition is not going to look right, with only one storey." All were agreed and we asked the contractor for a price on the second storey. We met again on the grounds and when the contractor told us the cost would be \$20,000 we said immediately, "Go ahead," although we did not have a dollar to pay him. When the building was completed we owed our bankers \$21,000. There were six banks in town and we called a meeting at which all six banks were represented, and told them of the terrible predicament we were in. They agreed to loan us \$3,500 each, repayable in five equal annual instalments. This happened in 1922.

Excellent Financing

With tears in our eyes and earnest appeals to city and county we then obtained an annual grant.

It has varied from both sources. Some years the county has given \$1,200 and then \$2,500, the city giving from \$2,500 to \$5,000. During the past five years the grant from both sources has been constant—\$2,500 from county and \$5,000 from the city. We did not receive anything from either source until 1921 and then to the Building Fund only.

By 1927 we were out of debt and we then built a Nurses' Residence, costing \$37,000 having borrowed \$35,000, repayable in ten years. We paid our spring instalment the other day and now only owe \$13,250 on the entire plant. We have always done our own financing and borrowing and discharged our debts proud of the fact that we are always on time and know we can borrow where we have borrowed before.

Neither the City Council nor the County Council have ever issued a debenture on our account at any time.

* * *

BRANTFORD, ONT.—Miss Jean Reid of Los Angeles, Cal., who is one of the outstanding Kindergarten teachers there, visited the Brantford General Hospital recently, and gave the children in the sun-room a rare treat—by presenting them a word picture of the little children of the sunny southland.

Miss McKee, the Superintendent entertained delightfully at the tea hour for Miss Reid, when the provincial president was also a guest.

* * *

LONDON, ONT.—The Victoria Hospital Aid renders an excellent service to the sick in supplying books from a well-stocked library containing over eleven hundred books. They also provide a large supply of magazines. This reading matter is kept up-to-date, and is replenished by the generosity of interested friends.

Mrs. O. W. Rhynas, the provincial president, recently visited the library and presented two volumes for the children's department of the library. The books are "Everyday Children," and the "Kingdom of Childhood," the author being the late Edith L. Groves.

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PATENTED
Sweeping Compound

**"SEIZES ALL"
FLOOR DUST!**

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Vol. 11

SEPTEMBER, 1934

No. 9

It is Still Advantageous to Buy Dependable Merchandise

*"There never was a product made
(This truth you must confess),
But what some man could make it worse
And sell his stuff for less."*

NEVER were truer words spoken. Now more than ever this fact makes careful buying much more difficult, for hospitals are faced with the necessity of economizing and often the only apparent way is at the expense of quality of the manufactured product. In a recent Bulletin of the American Hospital Association this point was brought out very clearly:

"The greatest economy which hospitals can practise is in the purchase of the products of reliable manufacturers. In any depression, when prices are down and collections are unsatisfactory, when business is bad, hospital executives are constantly asked to purchase supplies which do not measure up to accepted hospital standards, to the Government standards, or to the standards of quality of legitimate manufacturers. Frequently the prices quoted for merchandise of this kind are usually much lower than legitimate merchandise can be sold for. The commodities offered are generally sold by concerns with no established reputation and with no organization upon which the hospital can fall back in case of dissatisfaction with the merchandise. These organizations have small appreciation of hospitals' needs and hospital problems. What seems to be a good buy, measured in terms of the invoice, often results in dissatisfaction with the quality of the goods delivered and ultimate loss to the hospital."

On the other hand the legitimate manufacturer recognizes a distinct obligation to the hospital, and in fulfilling this obligation the main objective is to produce a

commodity to the decided advantage of service in the hospital.

It should also be kept in mind that it is the legitimate manufacturer who, to a large extent, supports our hospital conventions and hospital journals. Therefore, hospital administrators who are tempted to economize by substituting inferior products should not be influenced by temporary savings which may result later on in financial loss, as well as the loss of valued prestige.



Banff, Alberta, Offers Attractive Spa Facilities

A REAL effort is being made to build up a mineral spring spa at Banff by the Sisters of St. Martha who, a few years ago, took over the Brett Sanatorium, formerly maintained by the late Doctor Brett. The natural hot sulphur water combined with the invigorating mountain climate makes this an ideal location for the establishment of such an institution.

The Mineral Springs Health Resort and Hospital, as it is now called, has accommodation for some fifty patients and is well equipped with hot rooms, Turkish baths, physio-therapy and other facilities. Trained physio-therapists and a male nurse are in attendance. There is also a hot pool where sulphur baths can be taken if desired. The water at Banff, on analysis, proves to have a high sulphur trioxide, lime and magnesia content plus the traces of radium usually found in mineral waters. Hydro-therapeutics has not enjoyed the popularity on this continent which it has received in Europe, largely because of the lack of well equipped establishments, and our greater distances. The development of this institution should be of considerable interest and benefit, particularly to residents of Western Canada who reside within reasonable distance of Banff.



American Hospital Association Prepared for Fine Convention

THE American Hospital Association has been fortunate this year in selecting Philadelphia for its 36th Annual Convention, which is to be held from September 24th to the 28th. Apart from the educational, professional and historic interest attached to this city, Philadelphia offers perhaps the finest convention facilities in America. This year the sessions will be held in the new Convention Auditorium, which is located across the street from the Philadelphia General Hospital and adjacent to the campus of the University of Pennsylvania. Here, in large, comfortable halls, the different sessions and sections will hold their meetings. The Auditorium, which is to be devoted to the exhibits, is particularly well adapted for the display of hospital equipment and will afford visitors an excellent opportunity to examine the latest equipment and supplies and secure from the attendants valuable information concerning these products.

The personal contact with other hospital administrators, who are perhaps facing similar problems, is often of far

greater importance than even the formal part of the programme.

The committees in charge have arranged a varied and interesting programme, giving special attention to those particular problems which face the patient, the public and the administrator.

The guest speaker at the Convention will be Mr. Sidney Lamb of England, who is considered the leading authority on English hospital contributory schemes. At this session the general subject of "Hospital Insurance" will be discussed, and in addition to Mr. Lamb, Doctor M. T. MacEachern, of the American College of Surgeons, and Doctor Michael Davis of the Julius Rosenwald Fund, will present discussions.

A special feature of the Convention will be the session devoted to "Hospital Libraries." There will also be sessions devoted to a discussion of "Children's Hospitals," "Out-Patient Departments," "Trustees," "Tuberculosis," "Dietetics," "Social Service," and "Public Hospitals," as well as three Round Table meetings.

The Annual Banquet and Ball will be held in the Benjamin Franklin Hotel and will be one of the high lights of the Convention.

This Convention offers abundant opportunities for an exchange of hospital ideas and Canadian hospital people who are fortunate enough to attend will take away from Philadelphia a great deal of information that will be of practical use to the institution with which they are connected.

"Let us fill urns with rose leaves in Our May, and hive the thrifty sweetness for December."—*Bulwer Lytton.*

Brandon Mental Hospital Addition to Cost \$115,000

Aided by a \$25,000 donation promised by the Dominion government, Premier Bracken announced on August 9th the province would proceed immediately with construction of a \$115,000 addition to Brandon Mental Hospital. Plans are being prepared by Gilbert Parfitt, of the public works department, and the contracts will be let so that the work may start early this fall.

All the mental institutions in the province are badly overcrowded. They are now caring for 300 more patients than what is supposed to be their maximum capacity, notwithstanding the new building built at Brandon two years ago. In recent months even the corridors and dining-rooms have been used as dormitories.

The four mental hospitals in the province provide normal accommodation for 2,150 patients, Selkirk, 640; Brandon, 1,178; Portage la Prairie, 300; and the psychopathic ward at Winnipeg, 32. The present number of patients is 24,440. In Selkirk there are 794; in Brandon, 1,246. The ward at the Winnipeg General Hospital has been full for months, with a long waiting list.

The seriousness of the situation has long been urged by the department of health and public welfare. Recent figures submitted to the government have shown that the number of mental patients requiring institutional care was increasing faster than the province could provide for them.

The new addition will accommodate between 115 and 125 patients.

The Average Life of a Business Organization is a Few Years—

**For Over 22 Years Sterling Rubber Co.,
Limited, has been Supplying Surgeons'
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News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

ALERT BAY, B.C.—Dr. J. L. M. Anderson, who has served as Medical Superintendent of St. George's Hospital for the past four years, has resigned, and will take a similar position in the United Church Hospital at Smoky Lake, Alberta.

Dr. N. B. Hall, who succeeds him, is a graduate of McGill University, and since graduation has had a great deal of experience in surgery and medicine. Dr. and Mrs. Hall will take up residence at the Bay early in September.

* * *

BONNYVILLE, ALTA.—Bonnyville General Hospital, operated by the Women's Missionary Society of the United Church of Canada, at Toronto, was burned to the ground on August 13th. The 25-bed institution was razed by a fire which started in the boiler-room. Damage was estimated at \$40,000, fully covered by insurance.

* * *

BRAMPTON, ONT.—Described as the most colourful entertainment ever presented in the county, a historical pageant was staged by 250 performers under the direction of Mrs. F. C. Shipp in front of the grand stand at the agricultural fair grounds under the auspices of the Peel Memorial Hospital on August 16. Spectators heard the shrill call of the Indians who at one time roamed our forests, appearing from the hunting grounds with their spoils, playing their ancient games, and congregating for their weird dances. Rumbling covered wagons laden with pioneers were seen, depicting the hardships and terrors of early days. Settlers were shown as they used to gather around their crude log cabins, reviving original customs and implements. Advancing through the years, the show recalled crinolin days with pleasing songs and dances of long ago.

* * *

MONTREAL, QUE.—It is reported that property on Montee St. Leonard, Mercier Ward, has been bought for the construction this year of a new building for the St. Joseph Convalescent Hospital.

* * *

BRANTFORD, ONT.—A violent thunder storm that swept Brantford and Brant and Norfolk Counties on August 2nd wrought considerable damage throughout the district. During the storm lightning struck the tower on the old building at the Brantford General Hospital and caused some excitement in the Terrace Hill district. The shock received by the tower was heavy and fire was started, but Brantford firemen made a fast run to the hospital to prevent serious damage.

* * *

BROCKVILLE, ONT.—The staff of the Ontario Hospital gathered in the auditorium of the institution to formally

bid farewell to the chief attendant, William H. Riley, who retired after serving faithfully since 1895. An address extolling Mr. Reilly's ability and faithful attention to duty was read by Dr. H. C. Moorehouse and M. H. Collier, a supervisor of the staff, made the presentation to Mr. Reilly of a handsome gold watch, suitably engraved.

* * *

COLLINGWOOD, ONT.—Amongst the visitors to Collingwood recently was an "old boy," Mr. Russell Baxter, and wife and children.

Mr. Baxter is superintendent of the City Hospital in Rochester, Pa., and while here visited the G. & M. Hospital, through which he was shown by the superintendent, Mrs. S. A. Price, to whom he expressed thanks and also congratulations on the splendid services of the local hospital.

* * *

CORBELL, ONT.—An unobtrusive sign with simple lettering announces to the public the creation of the Dafoe Hospital, named in honour of Dr. A. R. Dafoe, the northern physician, who has kept alive the famous Dionne quintuplets for more than 3 months, an accomplishment never before recorded in scientific annals.

* * *

FORT WILLIAM, ONT.—Tenders have been called for the construction of a Sanatorium in Fort William. It is understood this building will be erected on the outskirts of the city and will cost in the neighbourhood of \$225,000.00.

* * *

GALT, ONT.—The nursing staff of the Galt Hospital held a delightful high tea on the afternoon of July 30th, at the nurses' residence in honour of Miss Violet Baulk, whose marriage is to take place shortly at her home in Guelph. On behalf of the nursing staff Miss A. Cleaver, the superintendent, presented Miss Baulk with a silver cake dish.

* * *

GALT, ONT.—Miss A. Cleaver, superintendent of the Galt Hospital, was hostess at a delightfully arranged tea

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early in August at the McCulloch Memorial Home. The event was in honour of Mrs. G. A. Duff, of Pittsburg, formerly of Galt, who is visiting friends in the city. Other special guests were Mrs. O. Rhynas, president of the Ontario Hospital Aids Association and Miss Reid, of Burlington.

* * *

HAMILTON, ONT.—Miss J. Parker has been appointed to succeed the late Dr. Gerald Glassco as supervisor of the Mental Health Clinic. She has already commenced her new duties, with salary of \$1,200 per year.

* * *

HAMILTON, ONT.—Employees of the General Hospital who work seven days a week will receive three weeks' holidays a year after ten years' service, and employees who work six days a week will receive three weeks' holidays after 20 years' service.

Senior employees who, in the past, have worked seven days a week were given one month's holidays. The advisability of continuing this practice is being considered by the Advisory Council.

* * *

KINGSTON, ONT.—One of the first graduates of the Kingston General Hospital Training School for Nurses was a patient in the local institution early in August. She is Mrs. Kimmerley of Belleville, who was Pauline Revere of this city when she took her training. Mrs. Kimmerley still retains the nursing uniform she wore when she was

(Continued on next page)



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News of Hospitals and Staffs

(Continued from preceding page)

in training in the Kingston hospital. She graduated forty-eight years ago.

The training school was established in the year 1886 and the Nurses' Alumnae Association of the General Hospital intends to observe the fiftieth anniversary of the foundation of the school in 1936. Preparations are already under way for that event.

* * *

LONDON, ONT.—Col. Thomas Morrison, of Hamilton, has been named administrator of Westminster Hospital and of the London District under the Department of Pensions.

Dr. Charles McMane, acting Administrator, after assisting Col. Morrison for two weeks will return to his former post as Administrator of Christie Street Hospital, Toronto.

The appointment fills a vacancy created by the transfer of Dr. J. R. Christian from the London institution to a veteran's hospital at Sherbrooke, Que., some months ago.

* * *

LONDON, ONT.—In gratitude for the many years of service to the Women's Christian Association the members decided at a recent meeting to furnish a room at Parkwood Hospital in memory of the late W. R. Jarman whose death occurred recently in the city.

Mr. Jarman served as chairman of the advisory board to the W.C.A. for a number of years and last year was convener of the building committee. Through his untiring efforts the new wing was planned and erected and was opened last autumn.

The room which is to be in the men's ward of the new wing is to be furnished immediately and a memorial plate placed on the door. Miss S. J. Moore is president of the Association.

* * *

MIMICO, ONT.—On August 4th, twenty employees of the maintenance staff of the Ontario Hospital here received word that their services were to be dispensed with, as result of an order from Queen's Park. It is expected that a full statement will be available shortly.

* * *

MINDEMOYA, ONT.—We are informed that outside of the government grant promised for the operation of the hospital on Manitoulin Island, there is about \$8,500.00 subscribed from sources outside of Manitoulin and in addition there is the standing offer of the Salada Tea Co., of five per cent additional on any amount that is raised after the first \$10,000 has been obtained.

Dr. F. W. Routley, director of the Red Cross for Ontario will visit the Island shortly, to discuss with the people the whole hospital situation here. He will explain the Red Cross method of operating hospitals and will be prepared to assist the people in organizing for a canvass of the Island.

* * *

MONCTON, N.B.—Returning to the scene of her labours of a dozen years ago when she founded the Hotel Dieu Hospital in the City of Moncton, Rev. Sister Angele de Brescia, R.N., first Mother Superior of the institution

established here by the Providence Order, has again become the directing head of the fine, large hospital here.

Rev. Sister Angele de Brescia was appointed to succeed Rev. Sister Godefroy d'Amiens, R.N., Mother Superior of the Providence Hospital at Timmins, Ont.

* * *

MONTREAL, QUE.—Ville LaSalle Hospital, on the bank of the St. Lawrence, near the new Honore Mercier bridge, was formally opened by Mayor Chatelle on July 23rd. The new institution can accommodate 10 patients, and is under the direction of Dr. A. B. Lebel, with a staff of some 14 physicians and surgeons. It is well equipped on the most up-to-date lines for a hospital of its size.

* * *

MONTREAL, QUE.—The new private patients' pavilion of the Western Division of the Montreal General Hospital at the corner of Atwater Avenue and Tupper Street will be officially opened some time between September 1 and 15.

An outstanding feature of the new building is the X-ray equipment, which is said to be most elaborate of any installed in a Canadian hospital. This was the first department of the new wing to be put into operation.

* * *

NANAIMO, B.C.—With a view to offering a higher standard of service, the Hospital Board have arranged for a pathological laboratory to be opened at the local hospital, under the supervision of a qualified technician.

* * *

NIAGARA FALLS, ONT.—At a special meeting of the Hospital Board, Miss Constance M. Johnston was appointed superintendent of the General Hospital, succeeding Miss Margaret Park. The new superintendent began her duties on August 25. For four years Miss Johnston was superintendent at the Smiths Falls Hospital, and later was in charge of the Onondaga Hospital, Syracuse, New York.

* * *

NIAGARA FALLS, ONT.—In honour of Miss Margaret Park, superintendent of the General Hospital for the past 20 years, who has resigned, the graduate nurses gave a dinner in the roof garden of the General Brock Hotel. The guest of honour was given a silver sequin evening bag containing a cheque, the presentation being made by Miss Ann Irving, president of the Nurses' Alumnae. An autograph album containing "snaps" of the nurses was presented by Miss Jennie Allen. At the head table were Miss Park, Miss Irving, Miss Florence Darville, honorary member of the Alumnae and Miss Jennie Allen, convener of the dinner. Miss Allen was assisted by Misses Lemay, D. Goodland, B. McCullough, acting assistant superintendent, and Miss Irving.

* * *

ORILLIA, ONT.—Extension of the Ontario Hospital at Orillia to accommodate an additional 1,000 patients will be undertaken by the Hepburn Government, Hon. Dr. J. A. Faulkner, Minister of Health announced recently.

There were 913 feeble-minded boys and girls awaiting admission to government hospitals, the minister stated. Because the government had been elected on a platform of economy, it was not considered advisable to go to the expense of erecting a new building. A new wing at Orillia

would entail only a fraction of the expense, the minister pointed out.

* * *

PRINCE ALBERT, B.C.—The sum of \$60,000 which represents the cost of building an addition to the Holy Family Hospital in Prince Albert, has been provided by the Sisters of Charity of Saint John, it was stated in a Canadian Press despatch recently.

* * *

SARNIA, ONT.—The work of enlarging the children's ward at the General Hospital has been practically completed, and the new rooms are now being decorated.

* * *

TORONTO, ONT.—Mr. Sydney Lamb, Executive secretary of the Merseyside Hospital Council, Liverpool, England, will visit friends in Toronto on October 10th. Mr. Lamb will then go on to Boston where he will address the American College of Surgeons Hospital Standardization Conference on October 15th.

* * *

TORONTO, ONT.—Acceptance of the resignation of Archibald L. McPherson, provincial inspector of hospitals and charitable institutions was announced on July 31st, by Hon. Dr. J. A. Faulkner, Minister of Health.

Although Mr. McPherson received \$4,000 annually, the new incumbent will be paid less, Dr. Faulkner emphasized.

(Continued on next page)

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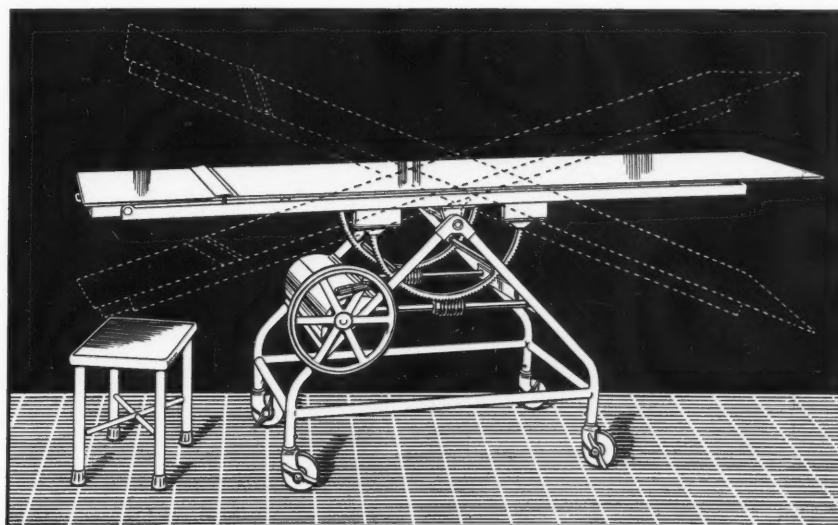


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News of Hospitals and Staffs

(Continued from preceding page)

TORONTO, ONT.—The oldest living graduate of the Toronto General Hospital training school, Miss Ruth Agnes Rose, died on August 22nd, in her own hospital. Of the class of 1883, she was a prominent figure in the semi-centennial celebration of the General Hospital in 1931. She had been present at the sick beds of many distinguished Canadians and attended at the birth of the Hon. Vincent Massey.

* * *

TORONTO, ONT.—At an estimated saving of \$1 a day per patient, the Board of Health, on August 8th, approved of the principle of using the Hastings Memorial Hospital, a wing of the Riverdale Isolation Hospital, now standing vacant, at additional expense to the city, for convalescing indigent medical patients. While approving of the principle, they sent the resolution on to the Provincial Department of Health to determine the cost of the change.

* * *

TORONTO, ONT.—Without the customary clatter of steam shovels or the hammering of riveters, an addition to the out patients' wing of the Toronto General Hospital, valued at \$150,000, is being built almost entirely by hand labour in an effort to disturb as little as possible the patients in adjoining wings of the hospital.

The structure will be four stories high and will contain several clinics and numerous rooms for out patients.

* * *

TORONTO, ONT.—Dr. E. A. Clark, assistant superintendent at the Queen Street Mental Hospital has been loaned to the health service of the Government of New Brunswick.

The loan of Dr. Clark's services follows a visit recently made to the Ontario hospitals by Dr. Hon. H. I. Taylor, Minister of Health, in New Brunswick, and Dr. W. Warwick, his chief medical officer.

Dr. Clark will report on the psychiatric services of New Brunswick.

* * *

TORONTO, ONT.—Mount Sinai, Toronto's Jewish hospital, situated on Yorkville Avenue, will, when present alterations are completed, have accommodation for 100 beds. A campaign will be conducted from Sept. 9 to 23, during which it is hoped to raise \$60,000 necessary for the completion and equipping of this institution.

Commenced a decade ago, following a humble house-to-house collection, this institution has finished ten years of activity, during which thousands of all classes and creeds have been given medical treatment, without ever reporting a deficit.

* * *

TORONTO, ONT.—Changes in the Ontario Governmental service made by Premier Hepburn include the promotion of C. J. Telfer, formerly secretary to the Minister of Health, to be inspector of hospitals and sanatoriums. Fred A. O'Connor was appointed director of purchasing for the hospitals branch at a salary of \$4,800 a year.

Mr. Telfer has been secretary to several Ministers of

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Health, holding the position since the department was reorganized in 1924, and had previously been clerk and treasurer of Mimico, and served overseas with the 12th Battery.

Miss Muriel Carman is appointed secretary to the Minister of Health.

* * *

WINDSOR, N.S.—A couple of years ago Mr. and Mrs. E. J. Fudge of Arlington, Mass., were injured in a motor accident and taken to the Payzant Memorial Hospital. They were so grateful for the fine care they received that they expressed their appreciation by a gift of \$50.00 on leaving. This year, while visiting Windsor again, these two "grateful patients" presented another cheque for \$50.00 to the hospital.

* * *

WINNIPEG, MAN.—Tenders for construction of the \$150,000 wing to Deer Lodge hospital are expected to be called soon, stated W. W. Kennedy, K.C., Federal Member for South Winnipeg, recently.

The plans and specifications for the new fireproof wing, of brick and steel construction, are prepared and in the hands of the federal architect.

* * *

WOODSTOCK, ONT.—Miss Phyllis Bluett, Reg. N., of North London, has accepted an appointment as instructor of nurses at Woodstock General Hospital. Miss Bluett is a graduate of Toronto General and took her post graduate course in public health at the University of Western Ontario.

Annual Hospital Standardization Conference Presents Comprehensive Programme

(Continued from page 3)

TUESDAY AFTERNOON SESSION—2.00-4.00

Massachusetts General Hospital

Demonstrations and Round Table Discussions in Hospital Standardization and Administration—Conducted by George H. Bigelow, M.D., Director; and Heads of Departments.

Robert Jolly, Houston; Superintendent, Memorial Hospital, and President, American Hospital Association, presiding.

(See special programme).

TUESDAY EVENING SESSION—8.00-10.00

Georgian Room, Statler Hotel

Special Session for Hospital Trustees

C. P. Curtis, Boston; President, Board of Trustees, Peter Bent Brigham Hospital, presiding.

How I, as a Hospital Trustee, View My Responsibility—Ida M. Cannon, Boston; Member of Board of Trustees, Cambridge City Hospital, Cambridge.

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How I, as a Hospital Trustee, Discharge my Duties—
Fuller Barnes, Bristol, Connecticut; President, Board of
Trustees, Bristol Hospital.

How I, as a Trustee, Judge the Efficiency of Our Hospi-
tal.

How the Trustees of the Hospital Can Promote Public
Relations.

General Discussion—Led by Joseph C. Doane, M.D.,
Philadelphia; Medical Director, The Jewish Hospital.

Motion Picture (Sound) "Good Hospital Care."

* * *

WEDNESDAY MORNING SESSION—9.30-12.30

Ballroom, Copley-Plaza Hotel

Joint Session with Association of Record Librarians of
North America—James T. Nix, M.D., New Orleans;
Professor of Surgery, Louisiana State University
Medical Center and Surgeon, Hotel Dieu Hospital, pre-
siding.

Chairman's Address—James T. Nix, M.D., New Orleans.
The Use of the National Nomenclature—H. B. Logie,
M.D., New York; Executive Secretary, National Con-
ference on Nomenclature of Disease.

Basic Training for a Record Librarian—Jessie M. Karned,
Rochester; Medical Statistician, Rochester General
Hospital.

Organization and Management of Medical Records De-
partment in a Sisters' Hospital—Sister M. Patricia,
Duluth; Superior, St. Mary's Hospital.

Round Table Conference—Problems Concerned with
Clinical Records, with Special Discussion of Uses of
Clinical Records—Conducted by Allan Craig, M.D.,
Torrington, Connecticut; Medical Director, Charlotte
Hungerford Hospital.

* * *

WEDNESDAY, AFTERNOON SESSION—2.00-5.00

St. Elizabeth's Hospital.

Demonstrations and Round Table Discussions in Hospital
Standardization and Administration—Conducted by
Rev. Thomas J. Brennan, Superintendent; and Heads
of Departments.

Malcolm T. MacEachren, M.D., Chicago; Associate Dir-
ector, American College of Surgeons, and Director of
Hospital Activities, presiding.

(See special programme).

* * *

WEDNESDAY, EVENING SESSION—8.00-10.00

Arena

Community Health Meeting (See special programme)

THURSDAY, MORNING SESSION—9.30-12.00

Ballroom, Copley-Plaza Hotel

Round Table Conference—Conducted by Robert Jolly,
Houston; assisted by Malcolm T. MacEachren, M.D.,
Chicago.

This will be a clearing house for all questions arising out
of the deliberations of the previous sessions and prob-
lems in the minds of any present, in addition to a special
programme of fifty important hospital questions.

* * *

THURSDAY, AFTERNOON SESSION—2.30-5.00

Beth Israel Hospital

Demonstrations and Round Table Discussions in Hospital
Standardization and Administration—Conducted by
Charles F. Willinsky, M.D., Director; and Heads of
Departments. Robert Jolly, Houston, presiding.



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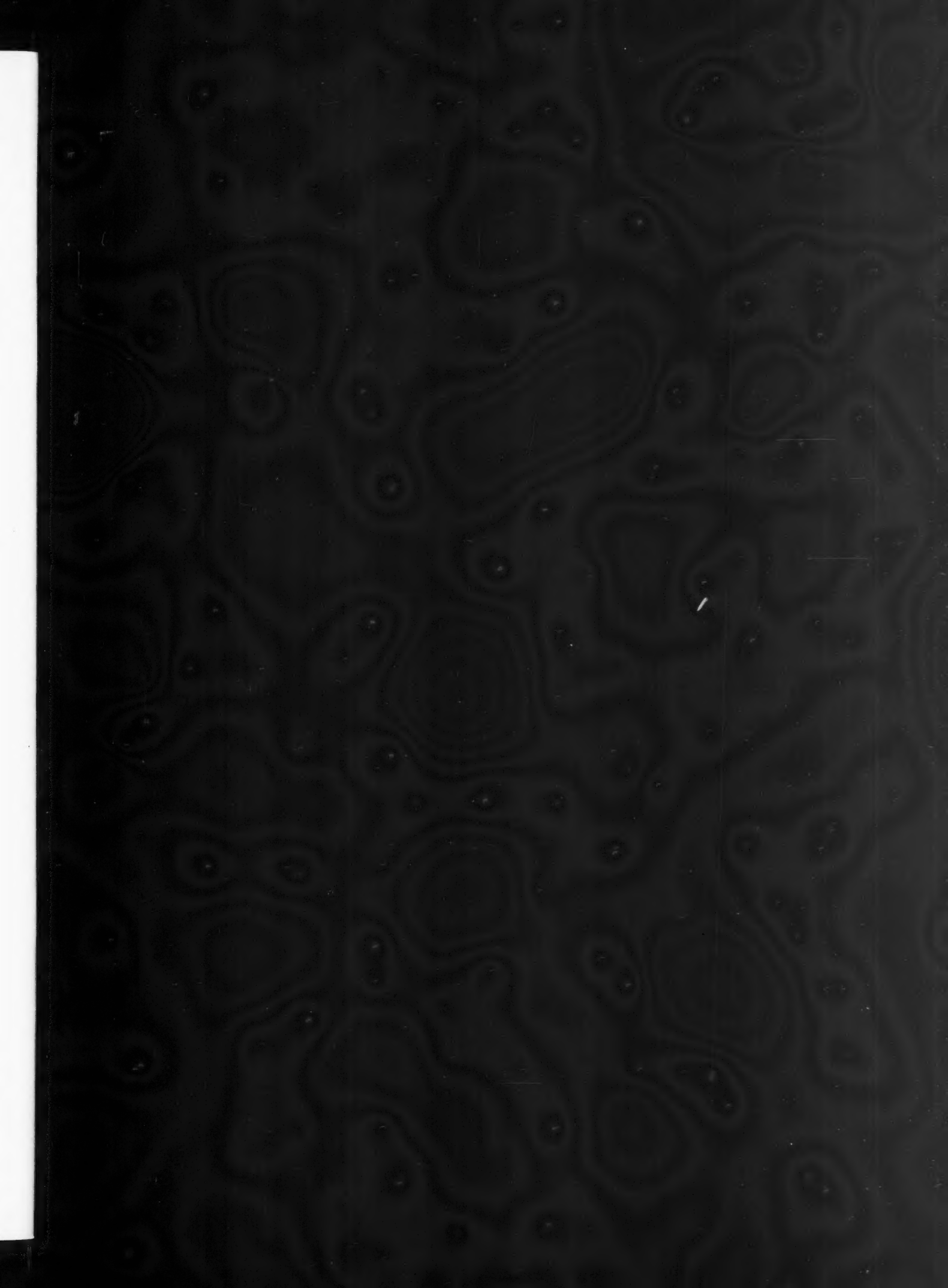
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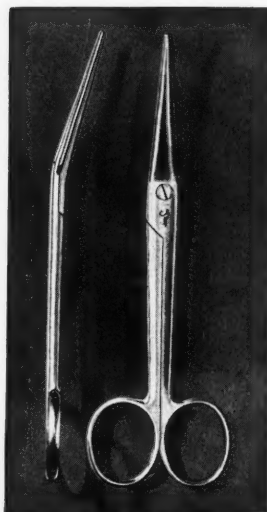


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